

REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT (Abbreviated)																	
A. Agency code and subelement, and submitting office number (xx-xx-xxxx)			B. Standard document number (Org identified/FY, Doc./type code/Serial number) N0007604TG040			C. Request Status of Process Code (x one) <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> (1) Initial</div> <div><input type="checkbox"/> (2) Resubmission</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> (3) Correction</div> <div><input type="checkbox"/> (4) Cancellation</div> </div>			D. Amendment No.								
Section A – TRAINEE/APPLICANT INFORMATION																	
1. Name (Last, First, Middle Initial)			2. 1 st 5 letters of last name		3. Social Security Number		4. Ed. level		5. Continuous Federal Service a. Years b. Months								
6. Home Address (Street, City, State and ZIP Code) (optional)			7. Phone Numbers (include area code) a. Home		8. Position Title 9. Position Level I(X one) <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> a. Executive</div> <div><input type="checkbox"/> b. Manager</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> c. Supervisory</div> <div><input type="checkbox"/> d. Non Supervisory</div> </div>												
			b. Office														
11. Organization Name			(1) Commercial		10. Pay Plan/Series/Grade/Step (Rank/MOS/AFSC for Navy Designator)		14. Type of Appointment		15. No. prior non-government training days								
12. Organization Mailing Address (Include ZIP)			(2) DSN														
			13. Organization UIC 00076														
16. Are you handicapped or disabled? (X one)		<input type="checkbox"/> Yes <input type="checkbox"/> No															
Section B – TRAINING COURSE DATA																	
17. Course Title																	
18. Training Objectives (Benefits to be derived by the Government) This training is on the Annual Training Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No This training is on the Individual Development Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No						19. Recommended Training Source, School or Facility b. Mailing Address (include ZIP)											
20. Course Codes:						c. Location of training site (If other than 19b)											
a. Purpose		4		f. Security Clearance		k. Training Program		21. Course hours (4 digits)		22. Course Identifiers							
b. Type		g. Allocation Status		i. Reason for Selection		l. Reason for Selection											
c. Source		3		h. Priority		23. Training Period (YYMMDD)		a. Duty		a. SAID							
d. Special Interest		i. Training Level		a. Start		b. Non-duty		b. Catalog/Course No.		c. Offering/TLN							
e. Training Vendor		j. Method of Training		3		b. Complete		c. TOTAL		c. Offering/TLN							
Section C-COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.)																	
24. If training does not involve expenditure of funds other than salary, pay or compensation, skip the remainder of questions in Section C and X this box ▶																	
25. Direct Costs				26. Indirect Costs (For Information Only)				27. Accounting Classification AA1741804.76M1 000 00076 0 068566 2D 00000 00076404Q00Q PAYMENT WILL BE MADE BY THE GCPC (POC:SKCS(SW) J.FRANKLIN, (850)452-4943, FAX (850)452-4943, EMAIL SKCS-JOSEPH.FRANKLIN@NAVY.MIL)									
a. Tuition Cost		b. Books, material, other costs		a. Travel Cost		b. Per diem/other costs											
c. Total direct costs		\$0.00		c. Total indirect costs		28. Labor Costs											
d. Funding source				29. Signature of Fiscal Officer (Follow local procedure)													
31. Job Order No. 00076404Q00Q				30. Total of Direct & Indirect Costs:				SUSAN U. SOULE OR ALANA B. JENSEN									
Section D – APPROVAL/CONCURRENCE/CERTIFICATION																	
32. Supervisor: I certify training is job relate and nominee meets prerequisites. (If not, attach waiver)						32. Training Officer: I certify this training meets regulatory requirements.											
a. Typed Name (Last, First, Middle Initial)			b. Phone number (include area code)			a. Typed Name (Last, First, Middle Initial) MAGLOIRE SERGE			b. Phone number (include area code) (850)452-2660								
c. Signature and Title			d. Date			c. Signature and Title SUPV HR SPECIALIST, HR DEVELOPMENT											
34. Authorizing Official						35. Course Acceptance (To be completed by school official)											
a. Action (X one) <input checked="" type="checkbox"/> (1) Approved <input type="checkbox"/> (2) Disapproved		b. Typed Name (Last, First Middle Initial) HARRIS, B. O., LTJG, USN		c. Phone number (Include area code) (850)452-4923		<input type="checkbox"/> a. Accepted <input type="checkbox"/> b. Not Accepted		c. School Official Signature		d. Date							
d. Signature and Title ADMINISTRATIVE OFFICER			e. Date			38. Course Completion (To be completed by school official)											
37. Billing Instructions (Identify discount terms % days.) PAYMENT WILL BE MADE BY THE GOVERNMENT CREDIT CARD. SEND INVOICES TO: NETC (CODE N0D821) 250 DALLAS ST PENSACOLA FL 32508-5220 ATTN: SKCS JOSEPH FRANKLIN						a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. <input type="checkbox"/> ▶		b. Actual Completion Date (YYYYMMDD)		c. Grade							
						c. Signature and Title						e. Date					
						38. Certifying Government Official						a. I certify that this account is correct and proper for payment in the amount of: \$					
						b. Signature						Date Signed					
d. DSSN Number Check Number						f. Voucher Number											
TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.																	